

Clinical Recommendations

Towards a convenient way to practice Medical Oncology

Several organizations, groups or medical societies are currently developing practice guidelines in oncology at a national, regional or local level.

Clinical Practice Guidelines are defined as 'systemically developed statements to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances' [1].

Evidence-based Clinical Practice Guidelines are intended: (i) to assist practitioners in appropriate clinical decision making, (ii) to improve quality of healthcare and outcomes for patients and (iii) to influence national policies for efficient allocation of resources and for better delivery systems [2]. In other words, to provide the right care, at the right time, for the right person in the right way [3].

Despite some negative clinician attitudes to clinical guidelines, it is universally accepted that most practitioners are supportive of guidelines. In a recently published systematic review survey of clinician attitudes towards clinical practice guidelines (including various medical or surgical specialties worldwide), 70%–75% of clinicians agreed that guidelines are helpful sources of advice, good educational tools and intended to improve quality. However, 30%–52.8% of them also considered that guidelines are impractical and too rigid to apply to individual patients, they reduce physician autonomy, they oversimplify medicine, they would increase litigation and they are intended to cut healthcare costs [4].

In another national survey of Canadian oncologists' attitudes towards practice guidelines, >80% of the respondents agreed that they were good educational tools, convenient sources of advice and intended to improve quality of care. Conversely, 42% felt they were intended to cut costs, 26% were oversimplified 'cookbook' medicine, 20% were rigid to apply to individual patients and 16% were a challenge to physician's authority. Nevertheless, Canadian oncologists were quite positive about practice guidelines and reported using them frequently [5].

The European Society for Medical Oncology (ESMO) is continuing the development and dissemination of Clinical Recommendations to all European and non-European Oncologists.

The ESMO motivation was to establish Guidelines which will be important for the future development of Medical Oncology and for achieving high common standards of medical practice for patients in all European countries.

The original idea for the creation of ESMO Clinical Guidelines came through the Central European Task Force in 1998 by Prof H. Hansen. Particularly, he visualized the need

for such clinical recommendations which might be more practical in daily use.

Thus, in 1999 the ESMO Guidelines Task Force was constituted. Initially, the group began with a Chairman (R. Stahel—Switzerland), a Central Coordinator (L. Jost—Switzerland), an ESMO Officer (M. C. Reinhart) and five members (J. Herrstedt—Denmark, O. Kloke—Germany, N. Pavlidis—Greece, G. Purkalne—Latvia and S. Jelic—Yugoslavia). During the next 5 years, more members joined the Task Force (J. Bergh—Sweden, R. Greil—Austria, V. Kataja—Finland and J. Olivera—Portugal).

The clinical recommendations are an important expression of ESMO's mission to disseminate knowledge, in order to maintain a high common standard in medical practice for cancer patients. First, the guidelines are a tool for clinicians to help them offer the best care to their patients on a daily basis. They also help support negotiations with politicians, administrators and insurance companies regarding the level of care that should be made available.

The principles of ESMO Guidelines were: (i) to create a set of statements for basic standard of care in no more than three-page format, (ii) to be disease or topic oriented, (iii) to be evidence based, (iv) to have emphasis on medical oncology and (v) to be regularly updated.

Each of the ESMO Clinical Recommendations provides vital, evidence-based information for physicians, including the incidence of the malignancy, diagnostic criteria, staging of disease and risk assessment, treatment plans and follow-up.

Since, 1 January 2006 the Guidelines Task Force became an independent group—the ESMO Guidelines Working Group—under the new ESMO Education Committee structure. It constitutes: (i) of an Editorial Board with a Chairman (N. Pavlidis—Greece), three members (R. Stahel—Switzerland, H. Hansen—Denmark, S. Jelic—Serbia) an *Annals of Oncology* executive (L. Rowett—UK) and an ESMO Officer (P. Minotti—Switzerland), (ii) of seven Subject Editors responsible for the topics, the authors, the revision of the manuscripts and the presentation and discussion of final drafts with the Editorial Board (M. Castiglione—Switzerland, J. Oliveira—Portugal, E. Felip—Spain, V. Kataja—Finland, M. Dreyling—Germany, L. Jost—Switzerland, F. Roila—Italy), (iii) of assigned Authors and (iv) of five preselected Reviewers per topic all been ESMO Faculty Members (Figure 1).

Nearly 7 years after the inception of ESMO Guidelines Task Force and up to the end of 2006, 39 Clinical Recommendations will be freely available on the ESMO Web site (www.esmo.org/reference/reference-guidelines.htm) and in *Annals of Oncology*. The future intention is to cover most of malignant tumors or other topics in Oncology.

The current activities of ESMO Guidelines Group include: (i) generation of yearly updates and new guidelines

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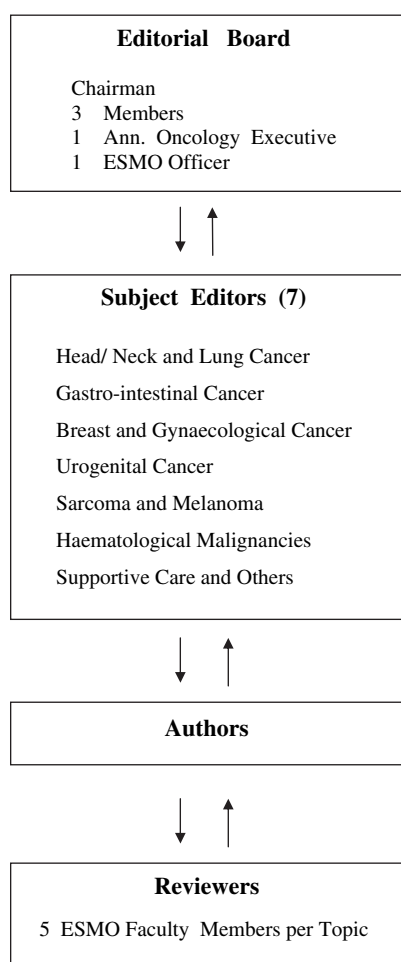


Figure 1. The new structure of the ESMO Clinical Recommendations Group.

through an on-line process, (ii) yearly publications of ESMO Clinical Recommendations as supplement to the *Annals of Oncology*, (iii) interactive guideline sessions at ESMO Congresses and (iv) promotion of ESMO Clinical Recommendations.

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note

Levels of evidence [I–V] and grades of recommendation [A–D] as used by the American Society of Clinical Oncology are given in square brackets. Statements without grading were considered justified standard clinical practice by the experts and the ESMO faculty.

references

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